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03/19/2004

GEORGE O. SAILE & ASSOCIATES  
28 DAVIS AVENUE  
POUGHKEEPSIE, NY 12603



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Stephen B. Ackerman	(Depositor's name)
<i>[Signature]</i>	(Signature)
April 23 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,754	12/12/2001	Brian Lee	PR90-009	8676

TITLE OF INVENTION: BURIED STRAP FORMATION METHOD FOR SUB-150 NM BEST DRAM DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHEN, KIN CHAN	1765	438-694000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 George O. Saile  
2 Stephen B. Ackerman  
3 Rosemary L. S. Pike

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Promos Technologies, Inc.

Hsin-chu, Taiwan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 9

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0033 (enclose an extra copy of this form).

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4/23/04

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04/27/2004 SMINASS2 00000089 190033 10020754

01 FC:1501

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